	Agreement # 3658 373
NEW AGREEMENT CONTRACT ROUTING SHEET	
Date Prepared: 1/16/19 1/31/19	Need Date: 1/30/19 2/14/19
PROCESSING DEPARTMENT: Department: Health and Human Services Agency Dept. Contact: Lisa Konyecsni Phone: 6901 Department Head Signature: Head Signature: Solution Charles Methods CONTRACTING DEPARTMENT: Health and Human Services Agency	CONTRACTOR: Name: Placer County Address: Auburn, CA 95603 3091 County Center Dr., Ste 290 Phone: Org Code: 5330 Imman Services Agency
Service Requested: MOU to Reimburse Placer for EDC Clients NTP Services Contract Term: 7/1/17 - 7/31/18 Retroactive Contract Value: \$-80.00 80,000	
COUNTY COUNSEL: (Must approve all contract Approved: Disapproved: Approved: Disapproved:	
	EL DORADO JAN JAN JAN JAN JAN JAN JAN JAN JAN JAN

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x 6901 FOR PICK-UP...THANKS!